

# STATE OF WISCONSIN

SENATE CHAIR  
**MARK MILLER**

317 East, State Capitol  
P.O. Box 7882  
Madison, WI 53707-7882  
Phone: (608) 266-9170



ASSEMBLY CHAIR  
**MARK POCAN**

309 East, State Capitol  
P.O. Box 8952  
Madison, WI 53708-8952  
Phone: (608) 266-8570

## JOINT COMMITTEE ON FINANCE

### MEMORANDUM

To: Members  
Joint Committee on Finance

From: Senator Mark Miller  
Representative Mark Pocan

Date: February 22, 2010

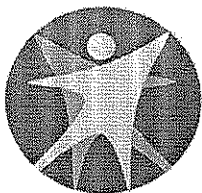
Re: Department of Health Services Annual Report for the Community  
Options Program (COP) and Home and Community-Based Waivers  
(COP-W/CIP II)

Attached is a report on community options program and home and community-based waivers from the Department of Health Services, pursuant to s. 46.27(11g) and s. 46.277(5m), Stats.

This report is being provided for your information only. No action by the Committee is required. Please feel free to contact us if you have any questions.

Attachment

MM:MP:jm



State of Wisconsin  
Department of Health Services

---

Jim Doyle, Governor  
Karen E. Timberlake, Secretary

RECEIVED  
FEB 22 2010  
BY: *St. Finance*

February 17, 2010

The Honorable Mark Miller  
Joint Committee on Finance, Co-Chair  
State Capitol, Room 317 East  
Madison, WI 53702

The Honorable Mark Pocan  
Joint Committee on Finance, Co-Chair  
State Capitol, Room 309 East  
Madison, WI 53702

Dear Senator Miller and Representative Pocan:

The attached report is submitted to the Legislature pursuant to s.46.27 (11g) and s.46.277 (5m) of the Wisconsin statutes, which require the Department of Health Services to submit an annual report for the Community Options Program (COP) and the Home and Community-Based Waivers (COP-W/CIP II). The attached report describes the persons served, program expenditures, and services delivered through the COP, COP-Waiver and CIP II programs in calendar year 2008.

The Community Options Program provides services to people who are elderly or who have a physical, developmental or mental disability, and is closely coordinated with all of Wisconsin's Medicaid Home and Community-Based Waivers. With the Department's oversight, county agencies are able to ensure that a comprehensive and individualized care plan is provided, while maintaining program flexibility and integrity, and maximizing federal matching funds.

Sincerely,

Karen E. Timberlake  
Secretary

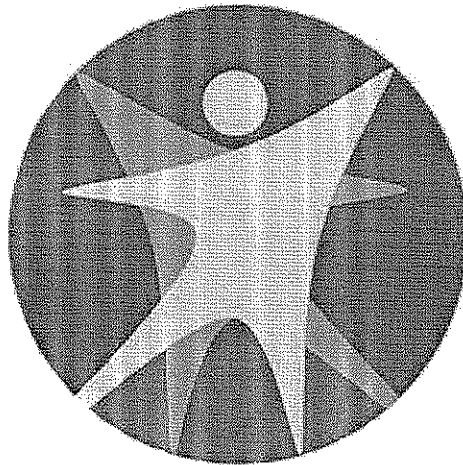
Attachment

# Report to the Legislature

## Community Options Program

### Community Options Program Waiver

Calendar Year 2008



Department of Health Services  
Division of Long Term Care  
Bureau of Long Term Support

## Table of Contents

|  |    |
|--|----|
| Introduction .....   | 1  |
| Participants Served by Programs.....   | 1  |
| Participants Served by Target Group .....  | 3  |
| Assessments, Care Plans, and Persons Served .....  | 5  |
| New Persons .....  | 5  |
| Participant Case Closures .....  | 5  |
| Participant Turnover Rate .....  | 6  |
| COP Funding for Exceptional Needs .....  | 6  |
| Participant Demographic and Service Profiles.....  | 7  |
| Funding of Community Long-Term Care by Target Group.....                                   | 10 |
| How COP-Regular is Used.....   | 11 |
| CIP II and COP-W Services .....  | 12 |
| Public Funding and Cost Comparison of Medicaid Waiver and Medicaid Nursing Home Care ..... | 13 |
| Appendix A – Performance Standards .....   | 15 |
| Appendix B – Definitions of Community Long-Term Care Programs .....                        | 16 |
| Appendix C – Quality Assurance and Improvement Outcome .....                               | 17 |

### LIST OF FIGURES AND TABLES

|   |    |
|---|----|
| Figure 1 – Participants Served by Target Group.....   | 3  |
| Figure 2 – Percentage Served by COP and all Waivers Over Time.....                            | 4  |
| Figure 3 – New Persons Receiving Services by Target Group .....                               | 5  |
| Figure 4 – Percentage of Participants in Own Home or Substitute Care Residence.....           | 9  |
| Figure 5 – Total COP and Waivers Spending by Target Group .....                               | 10 |
| Figure 6 – History of Expenditures for Community Long-Term Care by Target Group.....          | 11 |
| Figure 7 – CIP II and COP-W vs. Nursing Home Care in 2008– Average Costs/Day.....             | 14 |
| Table 1 – Participants Served by Programs.....  | 2  |
| Table 2 – Participants Served by Target Group .....   | 3  |
| Table 3 – New Persons Receiving Services by Age in 2008 For COP and All Waivers.....          | 5  |
| Table 4 – Reasons for Participant Case Closures for COP and All Waivers .....                 | 5  |
| Table 5 – Calculation of Turnover by Target Group for COP and All Waivers .....               | 6  |
| Table 6 – COP and All Waiver Participants by Race/Ethnic Background .....                     | 7  |
| Table 7 – COP and All Waiver Participants who Relocated/Diverted from Institutions.....       | 7  |
| Table 8 – COP and All Waiver Participants by Gender.....                                      | 7  |
| Table 9 – COP and All Waiver Participants by Age .....  | 7  |
| Table 10 – COP and All Waiver Participants by Marital Status .....                            | 8  |
| Table 11 – COP and All Waiver Participants by Natural Support Source.....                     | 8  |
| Table 12 – COP and All Waiver Participants by Living Arrangement.....                         | 8  |
| Table 13 – COP and All Waiver Participants by Type of Residence.....                          | 9  |
| Table 14 – Funding of Community Long-Term Care by Target Group .....                          | 10 |
| Table 15 – How COP Regular Is Used.....   | 11 |
| Table 16 – 2008 Total Medicaid Costs for CIP II and COP-W Recipients .....                    | 12 |
| Table 17 – 2008 CIP II and COP-W Service Utilization and Costs.....                           | 12 |
| Table 18 – 2008 CIP II and COP-W Medicaid Card Service Utilization .....                      | 13 |
| Table 19 – 2008 Average Public Costs for CIP II and COP-W Participants vs. Nursing Home ..... | 13 |
| Table 20 – Program Quality Results .....  | 19 |

## INTRODUCTION

This report is submitted pursuant to s. 46.27(11g) and s. 46.277(5m), of the Wisconsin Statutes, which requires summary reporting on state funds appropriated in the biennial budget process for the Community Options Program. The Community Options Program (also known as COP-Regular or Classic COP) serves all client groups in need of long-term care and is entirely state-funded.

The Community Options Program (COP) began in 1981. The purpose of the program is to provide a home and community-based alternative to nursing home care. The Community Options Program offers community-based choices for older people and people with disabilities at a lower cost to the state than institutional choices for long-term care. In 1986, Wisconsin received a federal Medicaid Home and Community-Based Waiver for people who are elderly or have a physical disability, which allows the state to obtain federal matching funds for COP. The Community Options Program serves a limited number of people and is not an entitlement.

The state-funded Community Options Program – “Regular” serves people who are elderly or who have a physical or developmental disability or substantial mental health needs. The COP Medicaid waiver serves people who are elderly or have a physical disability. This includes the Community Options Program-Waiver (COP-W) and the Community Integration Program II (CIP II). Other waivers, the Community Integration Program (CIP 1A and CIP 1B) and the Brain Injury Waiver, serve people with developmental disabilities. In addition, the Children’s Long Term Support (CLTS) waivers serve children with developmental disabilities, physical disabilities and severe emotional disturbances including autism.

Highlights for Calendar Year 2008 include:

- COP and home and community based waivers served a total of 27,998 citizens.
- Half of all individuals served had a developmental disability, approximately 29% of individuals were elderly and 15% of persons had a physical disability. The remaining individuals received services due to a mental illness or alcohol and/or drug abuse.
- \$595 million all funds was expended to serve individuals in COP and all waiver programs.
- The *average* daily cost of care for participants in CIP II and COP-W was \$79.09. In contrast, the *average* daily cost of care for people in nursing homes, at the same average level of care, was \$115.15.
- Sixty-seven percent of COP and waiver participants received care in their own homes or apartments; the remaining individuals lived in substitute care residences such as a community-based residential facility, adult family home or child foster care.
- During 2008, 5,808 persons transitioned to Managed Care or 21% of the total number served and accounted for 72% of participant case closures.

Individuals who use waiver services are also eligible for the Medicaid fee-for-service (“card”) benefits, and must use the Medicaid card before relying on the waivers to fill gaps in care. Participants in CIP II and COP-W used \$79,310,887 in benefits from their Medicaid card. The largest expenditures were for personal care services (\$37 million) and home health care (\$24 million).

The statutes also permit COP funds to be used as non-federal match to support the Medicaid waiver programs. The federal government grants waivers of Medicaid rules to permit states to provide long-term care in community settings to a population that qualifies for Medicaid coverage of nursing home care. State funds are matched by federal Medicaid dollars at a ratio of about 40:60.

Other Medicaid waiver programs are targeted to specific populations in need of long-term care services. Community Integration Program 1A (CIP 1A), and Community Integration Program 1B (CIP 1B) support the community needs for long-term care participants with developmental disabilities. Brain Injury Waiver (BIW) serves individuals who have received brain injury rehabilitation. The Community Options Program state funding is often used as match for federal funds through these waivers. Children’s Long Term Support Waivers (CLTS) serves persons under the age of 22 who have a developmental disability, physical disability and those who have a severe emotional disturbance or autism.

**TABLE 1 - Participants Served by Programs During 2008 with COP and all Waivers**

| Program Category                       | Elderly      | PD           | DD            | SMI          | AODA            | Medicaid<br>Waiver Funds<br>Only | Waiver<br>w/Additional<br>COP | Total<br>Served<br>Unduplicated |
|--|--------------|--------------|---------------|--------------|-----------------|----------------------------------|-------------------------------|---------------------------------|
| <b>COP-W</b>                           |              |              |               |              |                 |                                  |                               | 5,925                           |
| Waiver Only                            | 2,847        | 1,282        |               |              |                 | 4,129                            |                               |                                 |
| Waiver/COP                             | 1,470        | 326          |               |              |                 |                                  | 1,796                         |                                 |
| <b>CIP II</b>                          |              |              |               |              |                 |                                  |                               | 4,864                           |
| Waiver Only                            | 1,810        | 1,507        |               |              |                 | 3,317                            |                               |                                 |
| Waiver/COP                             | 985          | 562          |               |              |                 |                                  | 1,547                         |                                 |
| <b>Sub Total COP-W/CIP II</b>          | <b>7,112</b> | <b>3,677</b> |               |              |                 | <b>7,446</b>                     | <b>3,343</b>                  | <b>10,789</b>                   |
| <b>CIP 1A</b>                          |              |              |               |              |                 |                                  |                               | 1,220                           |
| Waiver Only                            | 69           |              | 1,101         |              |                 | 1,170                            |                               |                                 |
| Waiver/COP                             | 3            |              | 47            |              |                 |                                  | 50                            |                                 |
| <b>CIP 1B Regular</b>                  |              |              |               |              |                 |                                  |                               | 5,497                           |
| Waiver Only                            | 288          |              | 5,135         |              |                 | 5,423                            |                               |                                 |
| Waiver/COP                             | 7            |              | 67            |              |                 |                                  | 74                            |                                 |
| <b>CIP 1B COP Match</b>                |              |              |               |              |                 |                                  |                               | 1,984                           |
| Waiver/COP for match only              | 103          |              | 1,744         |              |                 | 1,847                            |                               |                                 |
| COP match waiver w/other COP           | 18           |              | 119           |              |                 |                                  | 137                           |                                 |
| <b>CIP 1B Other Match</b>              |              |              |               |              |                 |                                  |                               | 3,408                           |
| Waiver/other for match                 | 326          |              | 2,984         |              |                 | 3,310                            |                               |                                 |
| Waiver/COP                             | 14           |              | 84            |              |                 |                                  | 98                            |                                 |
| <b>Brain Injury Waiver</b>             |              |              |               |              |                 |                                  |                               | 228                             |
| Waiver Only                            | 4            | 131          | 74            | 1            |                 | 210                              |                               |                                 |
| Waiver/COP                             | 0            | 15           | 3             |              |                 |                                  | 18                            |                                 |
| <b>Brain Injury COP Match</b>          |              |              |               |              |                 |                                  |                               | 22                              |
| Waiver/COP for match only              |              | 7            | 12            |              |                 | 19                               |                               |                                 |
| COP match waiver w/other COP           |              | 3            | 0             |              |                 |                                  | 3                             |                                 |
| <b>Brain Injury Waiver Other Match</b> |              |              |               |              |                 |                                  |                               | 79                              |
| Waiver/other for match                 | 4            | 44           | 29            |              |                 | 77                               |                               |                                 |
| Waiver/COP                             | 0            | 2            | 0             |              |                 |                                  | 2                             |                                 |
| <b>Sub Total DD Waivers</b>            | <b>836</b>   | <b>202</b>   | <b>11,399</b> | <b>1</b>     |                 | <b>12,056</b>                    | <b>382</b>                    | <b>12,438</b>                   |
| <b>CLTS</b>                            |              |              |               |              |                 |                                  |                               | 2,589                           |
| Waiver Only                            |              | 118          | 1,799         | 657          |                 | 2,574                            |                               |                                 |
| Waiver/COP                             |              | 0            | 13            | 2            |                 |                                  | 15                            |                                 |
| <b>CLTS COP Match</b>                  |              |              |               |              |                 |                                  |                               | 272                             |
| Waiver/COP for match only              |              | 61           | 108           | 68           |                 | 237                              |                               |                                 |
| COP match waiver w/other COP           |              | 10           | 20            | 5            |                 |                                  | 35                            |                                 |
| <b>CLTS Other Match</b>                |              |              |               |              |                 |                                  |                               | 800                             |
| Waiver/other for match                 |              | 58           | 524           | 211          |                 | 793                              |                               |                                 |
| Waiver/COP                             |              | 0            | 6             | 1            |                 |                                  | 7                             |                                 |
| <b>Sub Total CLTS Waivers</b>          |              | <b>247</b>   | <b>2,470</b>  | <b>944</b>   |                 |                                  |                               | <b>3,661</b>                    |
| <b>COR Waiver</b>                      |              |              |               | 4            |                 |                                  | 4                             | 4                               |
| <b>COP Only Participants</b>           | 196          | 63           | 26            | 816          | 5               |                                  |                               | 1,106                           |
| <b>Totals by Target Population</b>     | <b>8,144</b> | <b>4,189</b> | <b>13,895</b> | <b>1,765</b> | <b>5</b>        | <b>23,106</b>                    | <b>4,892</b>                  | <b>27,998</b>                   |
| <b>% Served by Target Population</b>   | <b>29.1%</b> | <b>15.0%</b> | <b>49.6%</b>  | <b>6.3%</b>  | <b>&lt;.01%</b> | <b>82.5%</b>                     | <b>17.5%</b>                  |                                 |

NOTE: Participants with a dual diagnosis are counted under the funding program. Source: 2008 HSRS.

- Total unduplicated participants served in 2008 – 27,998.
- Total participants who were served by a Medicaid waiver only (no COP funds) - 23,106.
- Total Medicaid waiver participants who also received COP funding in CY 2008 – 3,786
- Total participants who received only COP funding (not Medicaid eligible) - 1,106.
- All participants who received either pure COP or COP to supplement waiver funds – 4,892.
- Total participants served with COP and COP-W funds - 9,017

## PARTICIPANTS SERVED BY TARGET GROUP

The Community Options Program and all the home and community-based waivers combined served a total of 27,994 persons. The table below illustrates participants served in 2008 with COP and Medicaid waiver funding by target group. The COR Waiver is not included in this table.

**TABLE 2**  
**Participants Served by Target Group During 2008 with COP and All Waivers**

| Target Group | COP Only       | COP-W           | Subtotal COP Only, COP-W | All Other COP Used as Match | CIP II          | Subtotal COP Only, COP-W, Other COP, CIP II | CIP I, CLTS, BIW | GRAND TOTAL       |
|--------------|----------------|-----------------|--------------------------|-----------------------------|-----------------|---|------------------|-------------------|
| Elderly      | 196<br>17.72%  | 4,317<br>77.10% | 4,513<br>67.31%          | 1,027<br>46.20%             | 1,810<br>54.57% | 7,350<br>60.02%                             | 794<br>5.04      | 8,144<br>29.09%   |
| PD           | 63<br>5.70%    | 1,282<br>22.90% | 1,345<br>20.06%          | 653<br>29.37%               | 1,507<br>45.43% | 3,505<br>28.62%                             | 684<br>4.34%     | 4,189<br>14.96%   |
| DD           | 26<br>2.35%    | 0<br>0%         | 26<br>0.39%              | 467<br>21.01%               | 0<br>0%         | 493<br>4.03%                                | 13,402<br>85.10% | 13,895<br>49.64%  |
| SMI          | 816<br>73.78%  | 0<br>0%         | 816<br>12.17%            | 76<br>3.42%                 | 0<br>0%         | 892<br>7.28%                                | 869<br>5.52%     | 1,761<br>6.29%    |
| AODA         | 5<br>0.45%     | 0<br>0%         | 5<br>0.07%               | 0<br>0%                     | 0<br>0%         | 5<br>0.04%                                  | 0<br>0%          | 5<br>0.02%        |
| Total        | 1,106<br>3.95% | 5,599<br>20.00% | 6,705<br>23.95%          | 2,223<br>7.94%              | 3,317<br>11.85% | 12,245<br>43.74%                            | 15,749<br>56.26% | 27,994*<br>100.0% |

\*The COR Waiver is not included in this table.

Note: Totals may not equal 100% due to rounding. Source: 2008 HSRS.

- 8,144 or 29% were elderly;
- 4,189 or 15% were persons with physical disabilities (PD);
- 13,895 or 50% were persons with developmental disabilities (DD);
- 1,761 or 6% were persons with severe mental illness (SMI); and
- 5 or less than 1% were persons with alcohol and/or drug abuse (AODA)

**FIGURE 1**  
**Participants Served by Target Group During 2008 with COP and All Waivers**

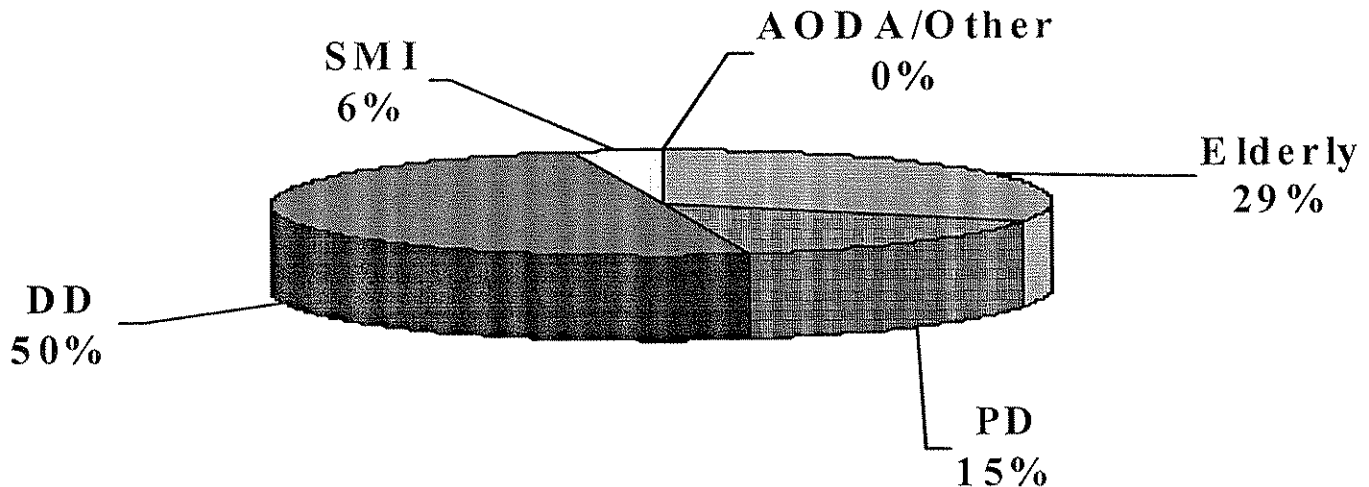
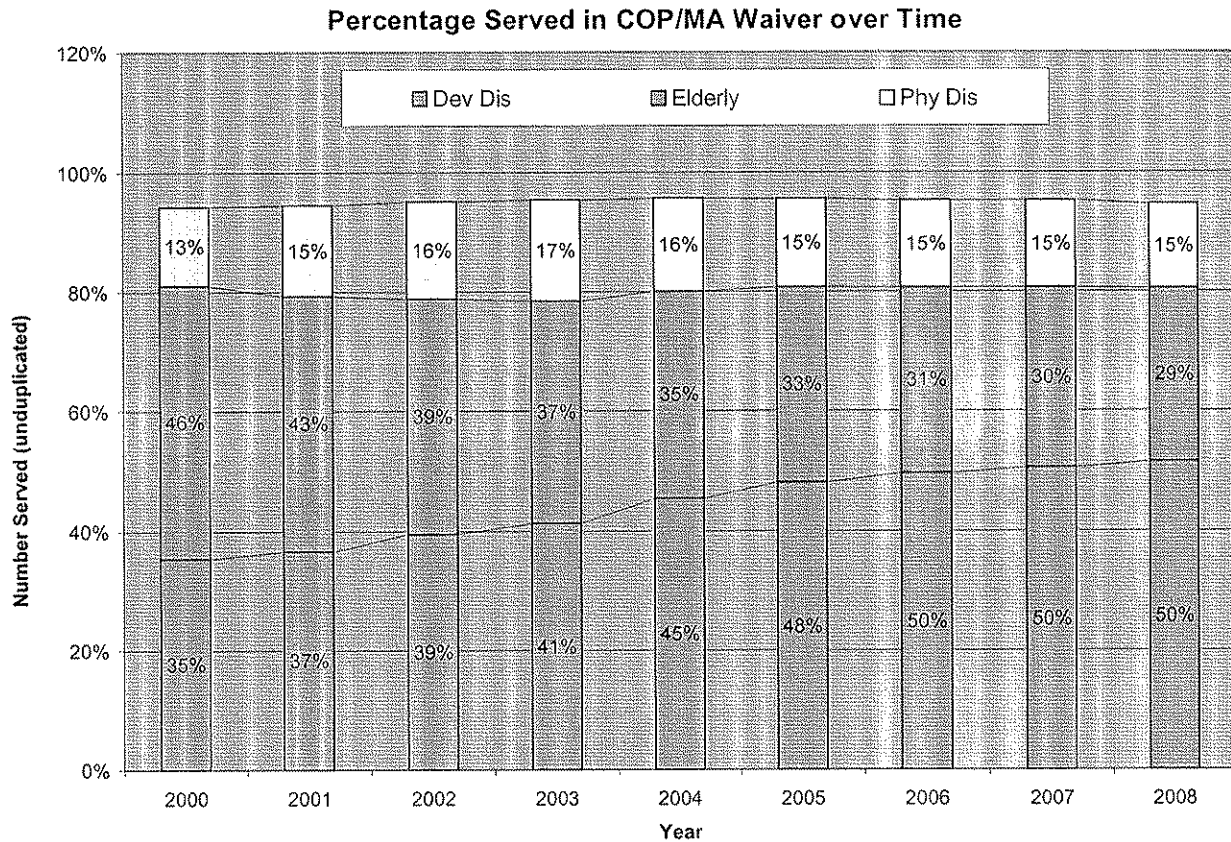


FIGURE 2



### ASSESSMENTS, CARE PLANS AND PERSONS SERVED

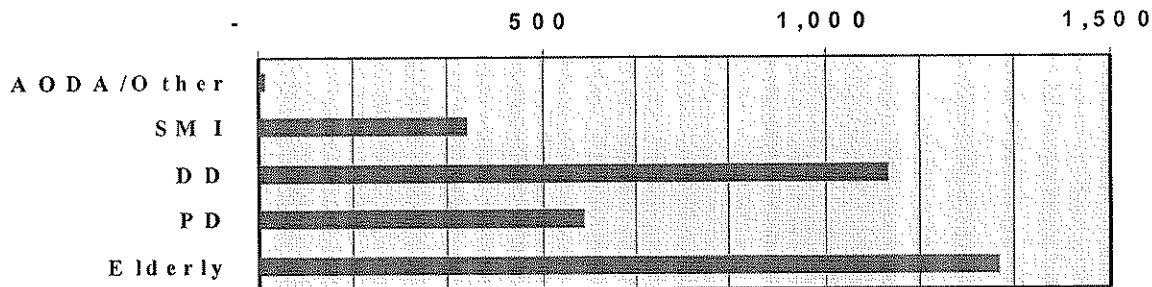
The Community Options Program lead agencies provide eligible individuals with an assessment and care plan that identifies equipment, home modifications and services that might be available to assist them in their own homes and communities. During the assessment process, a social worker and other appropriate professionals assess each individual's unique characteristics, medical condition, living environment, lifestyle preferences and choices. The individual and the care manager develop a plan for a comprehensive package of services, which integrates and supports the informal and unpaid assistance available from family and friends. This care plan incorporates individual choices and preferences for the type and arrangement of services. Depending upon available income and assets, the individual may be responsible for paying some or all of the costs for services in their care plan. In 2008, 4,636 assessments were conducted, and 2,676 care plans were prepared.

### NEW PERSONS

Figure 3 illustrates the target group distribution of the 3,376 new persons served during 2008. The majority of the new participants served in 2008 were individuals who are elderly (age 65+). Clients are considered new if they have services and costs in the current year and no long-term support services of any type in the prior year.



**FIGURE 3**  
**New Persons Receiving Services by Target Group in 2008**  
**For COP and All Waivers**



**TABLE 3**  
**New Persons Receiving Services by Age in 2008**  
**For COP and All Waivers**

|              | Elderly              | PD                 | DD                   | SMI                | AODA/Other      | TOTAL        |
|--------------|----------------------|--------------------|----------------------|--------------------|-----------------|--------------|
| <18 yrs.     | NA                   | 63                 | 617                  | 188                | 0               | 868          |
| 18 – 64 yrs. | NA                   | 515                | 497                  | 177                | 13              | 1,202        |
| 65+ yrs.     | 1,306                | NA                 | NA                   | NA                 | 0               | 1,306        |
| <b>TOTAL</b> | <b>1,306 (38.7%)</b> | <b>578 (17.1%)</b> | <b>1,114 (33.0%)</b> | <b>365 (10.8%)</b> | <b>13 (.4%)</b> | <b>3,376</b> |

Source: 2008 HSRS.

#### PARTICIPANT CASE CLOSURES

Table 4 illustrates the number of participants in each target group who left the program in 2008 for various reasons. Approximately 8,077 or thirty two percent of all people participating in COP and all Waivers, were closed for services during 2008. A person's death accounts for about 22 percent of elderly service closures and 14 percent of closures of persons with physical disabilities. Moving to an institution accounts for approximately 8 percent of all closures and was 16 percent of closures for the elderly population. Transferring to Managed Care in 2008 accounts for approximately 72 percent of all closures and was 88 percent for persons with developmental disabilities.

**TABLE 4**  
**Reasons for Participant Case Closures for COP and All Waivers**

|   | Elderly      | PD           | DD           | SMI        | AODA     | Other    | Total        |
|---|--------------|--------------|--------------|------------|----------|----------|--------------|
| Person Died                                     | 735          | 161          | 118          | 7          | 0        | 0        | 1,021        |
| Transferred to or Preferred Nursing Home Care   | 536          | 60           | 21           | 6          | 0        | 0        | 623          |
| No Longer Income or Care Level Eligible         | 36           | 39           | 65           | 21         | 0        | 0        | 161          |
| Moved   | 31           | 34           | 66           | 17         | 0        | 0        | 148          |
| Voluntarily Ended Services                      | 38           | 31           | 63           | 36         | 0        | 1        | 169          |
| Other Funding Used for Services                 | 6            | 6            | 25           | 23         | 0        | 0        | 60           |
| Reside in ICF-MR/IMD Center                     | 0            | 0            | 7            | 0          | 0        | 0        | 7            |
| Ineligible living arrangement                   | 15           | 4            | 17           | 15         | 1        | 1        | 53           |
| Inadequate Service/Support                      | 2            | 4            | 14           | 2          | 0        | 0        | 22           |
| Transferred to Partnership Program/Managed Care | 1,973        | 789          | 2,950        | 81         | 8        | 7        | 5,808        |
| Other   | 2            | 0            | 3            | 0          | 0        | 0        | 5            |
| <b>Total Cases Closed (all reasons)</b>         | <b>3,374</b> | <b>1,128</b> | <b>3,349</b> | <b>208</b> | <b>9</b> | <b>9</b> | <b>8,077</b> |

Source: 2008 HSRS.

## PARTICIPANT TURNOVER RATE

Turnover is defined as the number of new people who need to be enrolled for services in order to keep the caseload constant. For example, a local program may need to serve 125 persons during a year to maintain an average ongoing caseload of 100, and would have had a turnover of 25 participants. The turnover rate equals the amount of turnover divided by the total caseload. In this example, the turnover rate is 25 percent.

Table 5 illustrates the number of people closed for services during 2008 divided by the caseload size on December 31, 2007 for each target group. The shaded row of Table 5 below shows the turnover rate for each target group. Please note: turnover in 2008 included transfers to Family Care and Partnership.

**TABLE 5**  
**Calculation of Turnover by Target Group for COP and All Waivers**

|   | Elderly | PD    | DD     | SMI   | AODA | Total  |
|---|---------|-------|--------|-------|------|--------|
| All Persons Served During 2008  | 8,144   | 4,189 | 13,895 | 1,761 | 5    | 27,994 |
| Point-in-Time Number of Persons Served on December 31, 2008                   | 4,753   | 2,788 | 10,974 | 1,214 | 19   | 19,748 |
| Number of Closures During 2008(Includes Transfers to the Family Care Program) | 3,374   | 1,128 | 3,349  | 208   | 9    | 8,077  |
| Point-in-Time Number of Persons active on December 31, 2007(Caseload Size)    | 6,669   | 3,635 | 13,443 | 958   | 6    | 24,711 |
| Turnover Rate for the Above Case Closures                                     | 51%     | 31%   | 25%    | 22%   | n/a  | 33%    |

Source: 2008 HSRS.

## COP FUNDING FOR EXCEPTIONAL NEEDS

The statewide Community Options Program also includes funds for exceptional needs. The Department may carry forward to the next fiscal year any COP and COP-W GPR funds allocated but not spent by December 31 of each year (s. 46.27(7)(g), Wis. Stats.). These exceptional funds are made available to applicant counties for the improvement or expansion of long-term community support services for COP eligible people. Services may include:

- a) start-up costs for developing needed services for eligible target groups;
- b) home modifications for COP or Waiver eligible participants including ramps;
- c) purchase of medical services and medical equipment or other specially adapted equipment; and
- d) vehicle modifications.

In 2008, funds for exceptional needs were awarded to 54 counties and served 265 individuals with developmental disabilities, physical disabilities, the frail elderly and children. Awards were made for 85 home repairs and modifications including 30 ramps, mobility lifts, ceiling lifts, roll-in showers, raised toilets, wider hallways and doors, door openers, environmental control systems and other items. Awards were also made for adapted mobility equipment such as wheelchairs and scooters not covered by Medicaid, 40 vehicle modifications and dental work (10 awards).

## PARTICIPANT DEMOGRAPHIC AND SERVICE PROFILES

**TABLE 6 - COP and All Waiver Participants by Race/Ethnic Background**

| <b>PARTICIPANTS<br/>BY RACE/ETHNIC<br/>BACKGROUND</b> | <b>Elderly</b> | <b>PD</b>    | <b>DD</b>     | <b>SMI</b>   | <b>AODA/<br/>Other</b> | <b>Total<br/>Participants</b> |             |
|---|----------------|--------------|---------------|--------------|------------------------|-------------------------------|-------------|
| Caucasian   | 7,728          | 3,275        | 13,144        | 1,268        | 49                     | 25,464                        | 91%         |
| African American                                      | 100            | 482          | 688           | 116          | 3                      | 1,389                         | 5%          |
| Hispanic  | 44             | 79           | 244           | 21           | 0                      | 388                           | 1%          |
| American Indian/Alaska Native                         | 118            | 82           | 135           | 22           | 1                      | 358                           | 1%          |
| Asian/Pacific Islander                                | 149            | 40           | 181           | 11           | 1                      | 382                           | 1%          |
| Unknown   | 5              | 0            | 12            | 0            | 0                      | 17                            | <1%         |
| <b>TOTAL</b>  | <b>8,144</b>   | <b>3,958</b> | <b>14,404</b> | <b>1,438</b> | <b>54</b>              | <b>27,998</b>                 | <b>100%</b> |

NOTE: Participants with a dual diagnosis are counted by first client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2008 HSRS.

**TABLE 7 - COP and All Waiver Participants who Relocated/Diverted from Institutions**

| <b>RELOCATED/DIVERTED</b>              | <b>Number</b> | <b>Percent</b> |
|--|---------------|----------------|
| Diverted from Entering any Institution | 23,238        | 83%            |
| Relocated from General Nursing Home    | 2,379         | 8%             |
| Relocated from ICF/MR                  | 2,156         | 8%             |
| Relocated from Brain Injury Rehab Unit | 225           | 1%             |
| Other                                  | 0             | 0%             |
| <b>TOTAL</b>                           | <b>27,998</b> | <b>100%</b>    |

NOTE: Some totals may not equal 100% due to rounding. Source: 2008 HSRS.

**TABLE 8 - COP and All Waiver Participants by Gender**

| <b>PARTICIPANTS<br/>BY GENDER</b> | <b>Elderly</b> | <b>PD</b>    | <b>DD</b>     | <b>SMI</b>   | <b>AODA/<br/>Other</b> | <b>Total<br/>Participants</b> |             |
|-----------------------------------|----------------|--------------|---------------|--------------|------------------------|-------------------------------|-------------|
| Female                            | 5,917          | 2,067        | 5,828         | 620          | 27                     | 14,459                        | 53%         |
| Male                              | 2,227          | 1,891        | 8,576         | 818          | 27                     | 13,539                        | 47%         |
| <b>TOTAL</b>                      | <b>8,144</b>   | <b>3,958</b> | <b>14,404</b> | <b>1,438</b> | <b>54</b>              | <b>27,998</b>                 | <b>100%</b> |

NOTE: Participants with a dual diagnosis are counted by first client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2008 HSRS.

**TABLE 9 - COP and All Waiver Participants by Age**

| <b>PARTICIPANTS<br/>BY AGE</b> | <b>Elderly</b> | <b>PD</b>    | <b>DD</b>     | <b>SMI</b>   | <b>AODA/<br/>Other</b> | <b>Total<br/>Participants</b> |             |
|--------------------------------|----------------|--------------|---------------|--------------|------------------------|-------------------------------|-------------|
| Under 18 years                 | 0              | 146          | 2,863         | 418          | 3                      | 3,430                         | 12%         |
| 18 – 64 years                  | 0              | 3,812        | 11,541        | 1,020        | 51                     | 16,424                        | 59%         |
| 65 – 74 years                  | 2,541          | 0            | 0             | 0            | 0                      | 2,541                         | 9%          |
| 75 – 84 years                  | 2,792          | 0            | 0             | 0            | 0                      | 2,792                         | 10%         |
| 85 years and over              | 2,811          | 0            | 0             | 0            | 0                      | 2,811                         | 10%         |
| <b>TOTAL</b>                   | <b>8,144</b>   | <b>3,958</b> | <b>14,404</b> | <b>1,438</b> | <b>54</b>              | <b>27,998</b>                 | <b>100%</b> |

NOTE: Participants with a dual diagnosis are counted by first client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2008 HSRS.

**TABLE 10 - COP and All Waiver Participants by Marital Status**

| <b>PARTICIPANTS<br/>BY MARITAL<br/>STATUS</b> | <b>Elderly</b> | <b>PD</b>    | <b>DD</b>     | <b>SMI</b>   | <b>AODA/<br/>Other</b> | <b>Total<br/>Participants</b> |             |
|---|----------------|--------------|---------------|--------------|------------------------|-------------------------------|-------------|
| Widow/Widower                                 | 3,601          | 131          | 33            | 14           | 1                      | 3,780                         | 14%         |
| Never Married                                 | 1,599          | 1,808        | 13,880        | 1,130        | 32                     | 18,449                        | 66%         |
| Married                                       | 1,461          | 770          | 169           | 48           | 7                      | 2,455                         | 9%          |
| Divorced/Separated                            | 1,351          | 1,173        | 188           | 216          | 12                     | 2,940                         | 10%         |
| Other   | 132            | 76           | 134           | 30           | 2                      | 374                           | 1%          |
| <b>TOTAL</b>                                  | <b>8,144</b>   | <b>3,958</b> | <b>14,404</b> | <b>1,438</b> | <b>54</b>              | <b>27,998</b>                 | <b>100%</b> |

NOTE: Participants with a dual diagnosis are counted by first client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2008 HSRS.

**TABLE 11 - COP and All Waiver Participants by Natural Support Source**

| <b>PARTICIPANTS<br/>BY NATURAL<br/>SUPPORT SOURCE</b> | <b>Elderly</b> | <b>PD</b>    | <b>DD</b>     | <b>SMI</b>   | <b>AODA/<br/>Other</b> | <b>Total<br/>Participants</b> |             |
|---|----------------|--------------|---------------|--------------|------------------------|-------------------------------|-------------|
| Adult Child   | 3,991          | 497          | 20            | 44           | 6                      | 4,558                         | 16%         |
| Non-Relative  | 1,084          | 748          | 2,141         | 300          | 9                      | 4,282                         | 15%         |
| Spouse  | 1,096          | 663          | 109           | 31           | 5                      | 1,904                         | 7%          |
| Parent  | 125            | 1,143        | 9,736         | 651          | 13                     | 11,668                        | 42%         |
| Other Relative  | 1,290          | 623          | 1,787         | 152          | 13                     | 3,865                         | 14%         |
| No Primary Support                                    | 558            | 284          | 610           | 260          | 8                      | 1,720                         | 6%          |
| Other   | 0              | 0            | 1             | 0            | 0                      | 1                             | <1%         |
| <b>TOTAL</b>  | <b>8,144</b>   | <b>3,958</b> | <b>14,404</b> | <b>1,438</b> | <b>54</b>              | <b>27,998</b>                 | <b>100%</b> |

NOTE: Participants with a dual diagnosis are counted by first client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2008 HSRS.

**TABLE 12 - COP and All Waiver Participants by Living Arrangement**

| <b>PARTICIPANTS<br/>BY LIVING ARRANGEMENT</b>    | <b>Elderly</b> | <b>PD</b>    | <b>DD</b>     | <b>SMI</b>   | <b>AODA/<br/>Other</b> | <b>Total<br/>Participants</b> |             |
|--|----------------|--------------|---------------|--------------|------------------------|-------------------------------|-------------|
| Living with Immediate Family                     | 1,897          | 1,541        | 7,170         | 446          | 14                     | 11,068                        | 40%         |
| Living with Others with Attendant Care           | 1,421          | 485          | 3,124         | 290          | 17                     | 5,337                         | 19%         |
| Living Alone                                     | 2,658          | 953          | 834           | 319          | 7                      | 4,771                         | 17%         |
| Living with Others                               | 1,481          | 473          | 2,533         | 304          | 12                     | 4,803                         | 17%         |
| Living Alone with Attendant Care                 | 454            | 252          | 418           | 33           | 2                      | 1,159                         | 4%          |
| Living with Immediate Family with Attendant Care | 123            | 169          | 172           | 5            | 0                      | 469                           | 2%          |
| Living with Extended Family                      | 92             | 59           | 131           | 20           | 2                      | 304                           | 1%          |
| Living with Extended Family with Attendant Care  | 11             | 16           | 11            | 2            | 0                      | 40                            | <1%         |
| Transient Housing Situation                      | 6              | 8            | 4             | 3            | 0                      | 21                            | <1%         |
| Other  | 1              | 2            | 7             | 0            | 0                      | 10                            | <1%         |
| <b>TOTAL</b>                                     | <b>8,144</b>   | <b>3,958</b> | <b>14,404</b> | <b>1,438</b> | <b>54</b>              | <b>27,998</b>                 | <b>100%</b> |

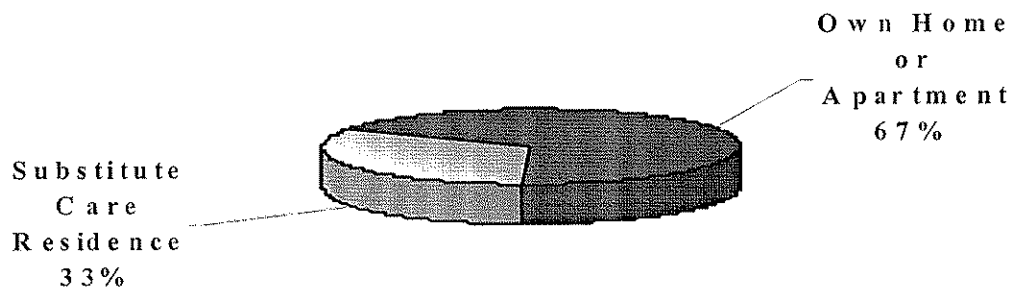
NOTE: Participants with a dual diagnosis are counted by first client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2008 HSRS.

**TABLE 13 - COP and All Waiver Participants by Type of Residence**

| <b>PARTICIPANTS<br/>BY TYPE OF RESIDENCE</b> | <b>Elderly</b> | <b>PD</b>    | <b>DD</b>     | <b>SMI</b>   | <b>AODA<br/>Other</b> | <b>Total<br/>Participants</b> |             |
|--|----------------|--------------|---------------|--------------|-----------------------|-------------------------------|-------------|
| Adoptive Home                                | 0              | 2            | 81            | 24           | 0                     | 107                           | <1%         |
| Adult Family Home (AFH)                      | 691            | 221          | 2,793         | 140          | 7                     | 3,852                         | 14%         |
| Brain Injury Rehab Unit                      | 0              | 9            | 1             | 0            | 0                     | 10                            | <1%         |
| Child Group Home                             | 0              | 1            | 4             | 0            | 0                     | 5                             | <1%         |
| Community Based Residential Facility (CBRF)  | 2,166          | 402          | 1,567         | 294          | 21                    | 4,450                         | 16%         |
| Foster Home                                  | 0              | 11           | 226           | 130          | 2                     | 369                           | 1%          |
| ICF/MR: Not State Center                     | 0              | 0            | 0             | 0            | 0                     | 0                             | 0%          |
| Nursing Home                                 | 2              | 1            | 0             | 0            | 0                     | 3                             | <1%         |
| Other Living Arrangement                     | 0              | 0            | 0             | 0            | 0                     | 0                             | <1%         |
| Own Home or Apartment                        | 5,018          | 3,266        | 9,691         | 819          | 24                    | 18,818                        | 67%         |
| Residential Care Apartment Complex (RCAC)    | 245            | 30           | 0             | 2            | 0                     | 277                           | 1%          |
| Residential Care Center (RCC)                | 0              | 0            | 2             | 3            | 0                     | 5                             | <1%         |
| Shelter Care Facility                        | 1              | 1            | 4             | 2            | 0                     | 8                             | <1%         |
| State DD Center                              | 0              | 0            | 0             | 0            | 0                     | 0                             | 0%          |
| Supervised Community Living                  | 20             | 14           | 34            | 24           | 0                     | 92                            | <1%         |
| Unknown                                      | 1              | 0            | 1             | 0            | 0                     | 2                             | <1%         |
| <b>TOTAL</b>                                 | <b>8,144</b>   | <b>3,958</b> | <b>14,404</b> | <b>1,438</b> | <b>54</b>             | <b>27,998</b>                 | <b>100%</b> |

NOTE: Participants with a dual diagnosis are counted by first client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2008 HSRS.

**FIGURE 4**  
**Percentage of Participants Living in Own Home or Substitute Care Residence**



## FUNDING OF COMMUNITY LONG-TERM CARE BY TARGET GROUP

A total of \$594,546,372 (federal waiver and state funds) was spent in 2008 through the Community Options Program and all long-term care Medicaid Home and Community-Based Services Waivers. As a publicly-funded and managed program for community long-term care, COP-Regular contributes about 9 percent of the overall total. COP-Regular and COP-Waiver together contribute 20 percent of the overall total. The COR Waiver is not included in this table. These figures do not include funds spent under the fee-for-service (non-waiver) Medicaid program.

**TABLE 14**  
**COP and All Waivers**  
**Funding of Community Long-Term Care by Target Group in 2008\***

| Target Group | COP-Regular                | COP-W                       | Subtotal COP-Regular, COP-W  | CIP II                      | Subtotal COP-Regular, COP-W, CIP II | CIP I, CLTS, BIW*            | GRAND TOTAL                   |
|--------------|----------------------------|-----------------------------|------------------------------|-----------------------------|-------------------------------------|------------------------------|-------------------------------|
| Elderly      | 8,785,967<br>16%           | 47,584,703<br>71%           | 56,370,670<br>47%            | 40,649,769<br>50%           | 97,020,439<br>48%                   |                              | 97,020,439<br>16%             |
| PD           | 4,220,796<br>8%            | 19,815,726<br>29%           | 24,036,522<br>20%            | 40,325,866<br>50%           | 64,362,388<br>32%                   | 1,928,065<br><1%             | 66,290,453<br>11%             |
| DD           | 28,466,688<br>54%          |                             | 28,466,688<br>23%            |                             | 28,466,688<br>14%                   | 376,545,723<br>96%           | 405,012,411<br>68%            |
| SMI          | 11,662,860<br>22%          |                             | 11,662,860<br>10%            |                             | 11,662,860<br>6%                    | 14,471,007<br>4%             | 26,133,867<br>5%              |
| AODA         | 76,724<br><1%              |                             | 76,724<br><1%                |                             | 76,724<br><1%                       |                              | 76,724<br>0.0%                |
| Other        | 12,478<br>0.0%             |                             | 12,478<br>0.0%               |                             | 12,478<br>0.0%                      |                              | 12,478<br>0.0%                |
| <b>Total</b> | <b>\$53,225,513<br/>9%</b> | <b>\$67,400,429<br/>11%</b> | <b>\$120,625,942<br/>20%</b> | <b>\$80,975,635<br/>14%</b> | <b>\$201,601,577<br/>34%</b>        | <b>\$392,944,795<br/>66%</b> | <b>\$594,546,372<br/>100%</b> |

Source: 2008 HSRS and Reconciliation Schedules.

\*The COR Waiver is not included in this table.

Children's waivers serve children with a physical disability, a developmental disability and those children who have a severe mental illness.

- The elderly received 16% of the funds;
- Persons with physical disabilities (PD) received 11% of the funds;
- Persons with developmental disabilities (DD) received 68% of the funds;
- Persons with severe mental illness (SMI) received 5% of the funds; and
- Persons with alcohol and/or drug abuse (AODA) or other conditions received less than 1% of the funds.

**FIGURE 5**  
**Total COP and Waivers Spending by Target Group**

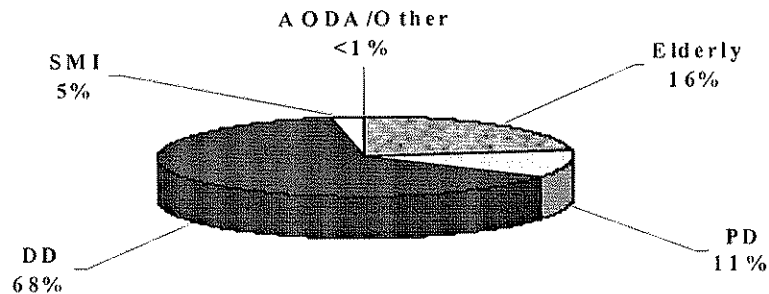
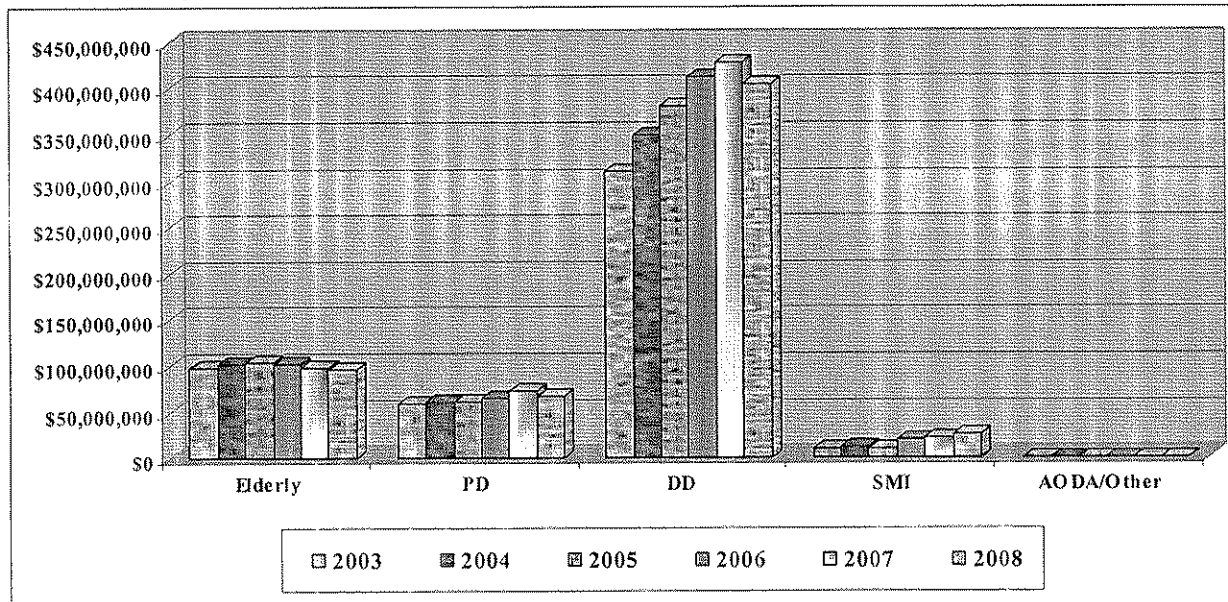


Figure 6 illustrates spending for participants by target groups. The “elderly” category includes all persons age 65 or older regardless of type of disability. All other participants are younger than 65. All participants have a need for a level of care equivalent to a nursing home care level.

**FIGURE 6**  
**History of Expenditures for Community Long Term Care by Target Group 2003 – 2008**



Source: 2008 HSRS and Reconciliation Schedules.

#### HOW COP-REGULAR IS USED

**Table 15 – Use of COP Regular**

| Target Group           | COP Only            | Supplemental COP (gap filling) | Additional GPR Match for Waivers | Admin, Special Projects, Risk Reserve | Assessments And Plans | Total Percent of COP-R Reported |
|------------------------|---------------------|--------------------------------|----------------------------------|---------------------------------------|-----------------------|---------------------------------|
| Elderly                | 13.6%               | 55.0%                          | 7.5%                             | 22.8%                                 | 47.4%                 | 16.5%                           |
| PD                     | 3.2%                | 29.7%                          | 4.1%                             | 8.8%                                  | 28.0%                 | 7.9%                            |
| DD                     | 2.7%                | 14.3%                          | 85.1%                            | 18.8%                                 | 19.1%                 | 52.6%                           |
| SMI                    | 80.0%               | 1.0%                           | 1.8%                             | 46.9%                                 | 5.3%                  | 21.9%                           |
| AODA/Other             | 0.6%                | 0.0%                           | 0.0%                             | 0.6%                                  | 0.3%                  | 0.2%                            |
| <b>TOTAL</b>           | <b>23.0%</b>        | <b>11.1%</b>                   | <b>57.3%</b>                     | <b>4.5%</b>                           | <b>4.0%</b>           | <b>99.1%</b>                    |
| <b>Costs Reported*</b> | <b>\$13,838,236</b> | <b>\$6,694,803</b>             | <b>\$34,431,221</b>              | <b>\$2,701,188</b>                    | <b>\$2,386,147</b>    | <b>\$60,051,595*</b>            |

\*Note: Reflects allowable costs reported on HSRS; however, actual reimbursement was \$53,255,512

- 23 percent of the total COP-Regular funds were used for services for COP only participants, 80 percent of whom are persons with a severe mental illness.
- 11 percent of COP-Regular was used for current waiver participants to provide services that could not be paid for with waiver funds.
- 4 percent was used for program and service coordination.
- 4 percent of COP-Regular funds were used to conduct assessments and develop care plans.

\$34.4 million was used as match to serve more people or for increased service costs for existing participants. Of the funds used for additional match, \$29.7 million was used for persons with developmental disabilities. For persons who are elderly or have physical disabilities, \$3.6 million of COP-Regular funds were used as match to expand the COP-W program and \$110,592 COP-Regular funding was used to fund the match for CIP II federal dollars when average costs exceeded the allowable reimbursement rate. In addition, \$1.7 million of COP-Regular funding was used to provide support for the new Children’s Long Term Support waiver.

## CIP II AND COP-W SERVICES

Community Integration Program II and COP-Waiver participants utilize services federally authorized through the Medicaid waiver application and services traditionally available to all Medicaid recipients through the state's Medicaid Plan (e.g., card services). State Medicaid Plan services are provided to all Medicaid recipients eligible for a Medicaid card. The Medicaid Plan services are generally for acute medical care. Waiver services generally focus on community-based supports. Since both types of services are needed to maintain individuals in the community, expenditures for both types must be combined to determine the total public cost of serving waiver participants.

State statutes require use of Medicaid waiver funds only for expenses not covered in the Medicaid program. The Medicaid card services received, the waiver services provided, the total costs for each service and the service utilization rates are outlined in tables 16, 17 and 18. The total cost of Medicaid fee-for-service card costs for these waiver participants was \$79,310,886.

**TABLE 16**  
**2008 Total Medicaid Costs for CIP II and COP-W Recipients**

|   |               |
|---|---------------|
| Total CIP II and COP-W Service Costs                              | \$152,959,627 |
| Total Medicaid Card Service Costs for CIP II and COP-W Recipients | \$ 79,310,886 |
| Total 2008 Medicaid Expenditures for CIP II and COP-W Recipients  | \$232,270,513 |

Source: 2008 Federal 372 Report.

Costs of care, services and environmental adaptations for waiver participants are always a combination of Medicaid State Plan benefits and Medicaid Home and Community Based Services waiver benefits. The coordination of benefits across the program is a key component of the Community Options Program and the waivers.

**TABLE 17**  
**2008 CIP II and COP-W Service Utilization and Costs**

| CIP II and COP-W Service Categories        | Rate of Participant Utilization (%) | Cost                 | Percent of Total Waiver Costs |
|--|-------------------------------------|----------------------|-------------------------------|
| Care Management                            | 100.00                              | \$19,860,485         | 12.98                         |
| Supportive Home Care/Personal Care         | 74.24                               | 50,121,060           | 32.77                         |
| Adult Family Home                          | 5.35                                | 12,883,854           | 8.42                          |
| Residential Care Apartment Complex         | 3.47                                | 4,362,503            | 2.85                          |
| Community Based Residential Facility       | 27.00                               | 48,646,310           | 31.80                         |
| Respite Care                               | 3.74                                | 1,237,637            | 0.81                          |
| Adult Day Care                             | 4.16                                | 2,152,638            | 1.41                          |
| Day Services                               | 2.09                                | 1,607,495            | 1.05                          |
| Daily Living Skills Training               | 1.02                                | 568,020              | 0.37                          |
| Counseling and Therapies                   | 3.29                                | 605,730              | 0.40                          |
| Skilled Nursing                            | 2.09                                | 281,787              | 0.18                          |
| Transportation                             | 25.06                               | 2,072,314            | 1.35                          |
| Personal Emergency Response System         | 37.44                               | 1,095,691            | 0.72                          |
| Adaptive Equipment                         | 14.06                               | 1,515,511            | 0.99                          |
| Communication Aids                         | 1.16                                | 45,561               | 0.03                          |
| Housing Start-up                           | .82                                 | 123,991              | 0.08                          |
| Vocational Futures Planning                | .01                                 | 2,063                | <.01                          |
| Medical Supplies                           | 23.05                               | 1,134,753            | 0.74                          |
| Home Modifications                         | 3.37                                | 1,379,896            | 0.90                          |
| Home Delivered Meals                       | 24.02                               | 2,933,990            | 1.92                          |
| Financial management Services              | 6.85                                | 328,338              | 0.21                          |
| <b>Total Medicaid Waiver Service Costs</b> |                                     | <b>\$152,959,627</b> |                               |

Note: Totals may not equal 100% due to rounding. Source: 2008 Federal 372 Report.



**TABLE 18**  
**2008 CIP II and COP-W Medicaid Card Service Utilization**

| Medicaid State Plan Benefits Categories  | Rate of Participant Utilization (%) | Cost                 | Percent of Total Card Costs |
|--|-------------------------------------|----------------------|-----------------------------|
| Inpatient Hospital   | 3.0%                                | 10,539               | .01%                        |
| Physician (Physician Services, Clinic Services – including outpatient Mental Health)   | 79.5%                               | 3,758,996            | 4.7%                        |
| Outpatient Hospital  | 44.6%                               | 1,823,006            | 2.3%                        |
| Lab and X-ray  | 18.3%                               | 495,798              | 0.6%                        |
| Prescription Drugs   | 64.2%                               | 7,635,127            | 9.6%                        |
| Transportation (Ambulance and Non-Emergency Specialized Motor Vehicle)   | 34.4%                               | 2,457,074            | 3.1%                        |
| Therapies (Physical Therapy, Speech and Hearing Therapy, Occupational Therapy, Restorative Care Therapy, Rehabilitative Therapy)   | 9.42%                               | 415,961              | 0.5%                        |
| Dental Services  | 19.1%                               | 508,738              | 0.6%                        |
| Nursing (Nurse Practitioner, Nursing Services)   | 1.1%                                | 9,814,695            | 12.4%                       |
| Home Health, Supplies & Equipment (Home Health Therapy, Home Health Aide, Home Health Nursing, Enteral Nutrition, Disposable Supplies, Other Durable Medical Equipment, Hearing Aids)                        | 17.0%                               | 6,491,012            | 8.2%                        |
| Personal Care (Personal Care, Personal Care Supervisory Services)  | 37.04%                              | 37,677,298           | 47.5%                       |
| All Other (Other Practitioners Services, Family Planning Services, HealthCheck/EPSTD, Rural Health Clinic Services, Home Health Private Duty Nursing – Vent, Other Care, Hospice, Community Support Program) | 78.8%                               | 8,222,643            | 10.4%                       |
| <b>Total Medicaid State Plan Benefit Costs for Waiver Recipients</b>   |                                     | <b>\$ 79,310,887</b> |                             |

Notes: Totals may not equal 100% due to rounding. Source: 2008 Federal 372 Report.

### PUBLIC FUNDING AND COST COMPARISON OF MEDICAID WAIVER AND MEDICAID NURSING HOME CARE

In addition to Medicaid-funded services, many waiver participants receive other public funds that can be used to help pay for long-term care costs. To provide an adequate comparison of the cost of serving persons through the Medicaid waiver versus the cost of meeting individuals' long-term support needs in nursing homes, an analysis of total public funding used by each group was completed. Table 19 below indicates total public funds on an average daily basis for nursing home and waiver care.

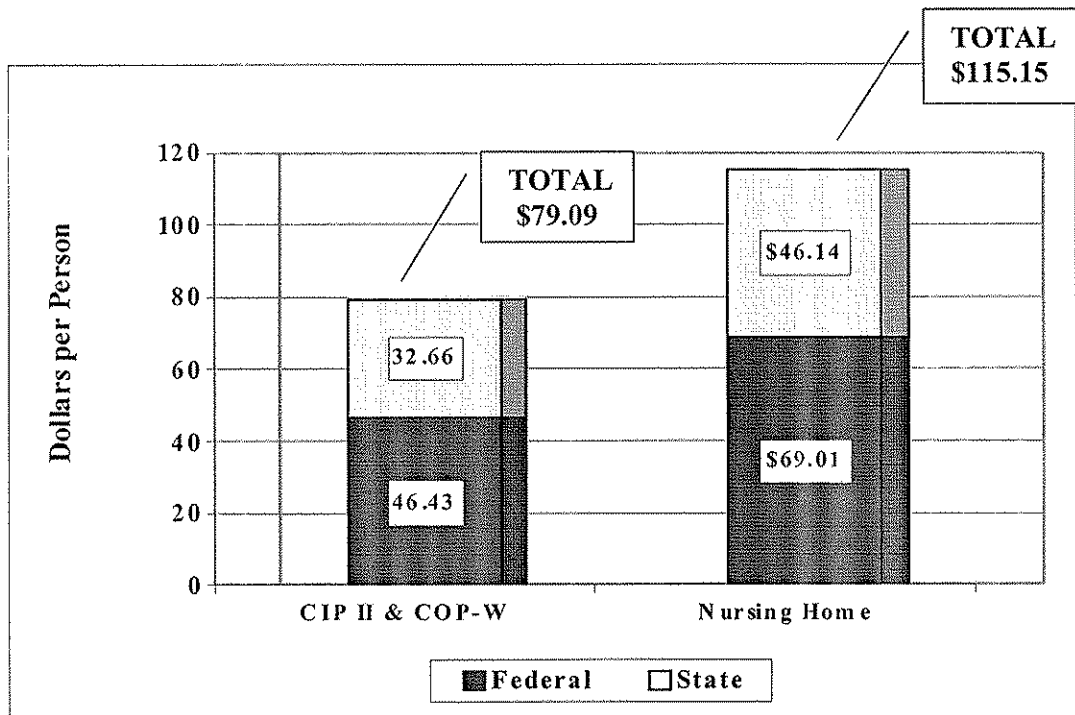
**TABLE 19**  
**2008 Average Public Costs for CIP II & COP-W Participants vs. Nursing Home Residents**  
**Average Cost per Person per Day**

| Year | Cost Category                              | Community Care Costs |                |                | Nursing Home Costs |                  |                  | Difference     |                |                |
|------|--|----------------------|----------------|----------------|--------------------|------------------|------------------|----------------|----------------|----------------|
|      |  | Total                | State / County | Federal        | Total              | State / County   | Federal          | Total          | State / County | Federal        |
| 2008 | Medicaid Program Per Diem                  | \$50.24              | \$20.13        | \$30.11        | \$110.88           | \$44.43          | \$66.45          |                |                |                |
|      | Medicaid Card                              | 27.24                | 10.92          | 16.32          | 4.27               | 1.71             | 2.56             |                |                |                |
|      | <u>Medicaid Costs Subtotal<sup>2</sup></u> | <u>\$77.48</u>       | <u>\$31.05</u> | <u>\$46.43</u> | <u>\$115.15</u>    | <u>\$46.14</u>   | <u>\$69.01</u>   | <u>\$37.67</u> | <u>\$15.09</u> | <u>\$22.58</u> |
|      | COP – Services w/Admin.                    | 1.22                 | 1.22           | 0.00           | n/a <sup>3</sup>   | n/a <sup>3</sup> | n/a <sup>3</sup> |                |                |                |
|      | COP – Assessments & Plans                  | 0.39                 | 0.39           | 0.00           | n/a <sup>3</sup>   | n/a <sup>3</sup> | n/a <sup>3</sup> |                |                |                |
|      | <b>Total</b>                               | <b>\$79.09</b>       | <b>\$32.66</b> | <b>\$46.43</b> | <b>\$115.15</b>    | <b>\$46.14</b>   | <b>\$69.01</b>   | <b>\$36.06</b> | <b>\$13.48</b> | <b>\$22.58</b> |

Source: 2008 HSRS and 2008 Federal 372 Report.

When all public costs are counted, expenses for CIP II and COP-W participants averaged \$79.09 per person per day in 2008, compared to \$115.15 per day for Medicaid recipients in nursing facilities, with the same level of care needs. On average, the per capita daily cost of care in CIP II and COP-W during 2008 was \$36.06 or 31 percent less than the cost of nursing home care.

**FIGURE 7**  
**CIP II & COP-W vs. Nursing Home Care in 2008**  
**Average Public Costs per Day**



Source: 2008 Federal 372 Report

## Appendix A

### PERFORMANCE STANDARDS

A state leadership committee established the framework for assessing quality in the Community Options Program (COP). In order to ensure the goals of COP are met, person-centered performance outcomes valued by COP participants are incorporated into the acronym RESPECT:

**R**elationships between participants, care managers and providers are based on caring, respect, continuity over time, and a sense of partnership.

**E**mpowerment of individuals to make choices, the foundation of ethical home and community-based long-term support services, is supported.

**S**ervices that are easy to access and delivered promptly, tailored to meet unique individual circumstances and needs are provided.

**P**hysical and mental health services are delivered in a manner that helps people achieve their optimal level of health and functioning.

**E**nhancement and maintenance of each participant's sense of self-worth, and community recognition of his or her value is fostered.

**C**ommunity and family participation is respected and participants are supported to maintain and develop friendships and share in their families and communities.

**T**ools for self-determination are provided to help participants achieve maximum self-sufficiency and independence.

RESPECT performance standards are measured by the extent to which:

- care managers identify a participant's health status and care needs, create or arrange for appropriate services to support and not supplant the help available from family, friends and the community, and monitor the performance of service providers;
- services respond to individual needs;
- participant preferences and choices are honored, and the participant is satisfied with the services delivered; and most importantly,
- participants are able to maintain a home of their own choice and participate in community life.

## Appendix B

### **DEFINITIONS OF COMMUNITY LONG-TERM CARE PROGRAMS**

#### **COMMUNITY OPTIONS PROGRAM (COP):**

The Community Options Program, administered by the Department of Health and Family Services, is managed by local county agencies to deliver community-based services to Wisconsin citizens in need of long-term assistance. Any person, regardless of age, with nursing home level of care is eligible for COP. The program began as a demonstration in eight counties in 1982 and was expanded statewide in 1986.

*Funding: GPR/State = 100%*

#### **COMMUNITY OPTIONS PROGRAM-WAIVER (COP-WAIVER OR COP-W):**

A Medicaid-funded waiver program which provides community services to the elderly and persons with physical disabilities who have long-term needs and who would otherwise be eligible for Medicaid reimbursement in a nursing home.

*Funding: GPR/State = Approximately 40% (budgeted separately with COP GPR/state funds)  
Federal = Approximately 60%*

#### **COMMUNITY INTEGRATION PROGRAM II (CIP II):**

A Medicaid-funded waiver program that provides community services to the elderly and persons with physical disabilities after a nursing home bed is closed.

*Funding: GPR/State = Approximately 40% (state Medicaid funding)  
Federal = Approximately 60% (federal Medicaid funding)*

#### **COMMUNITY INTEGRATION PROGRAM IA (CIP IA):**

A Medicaid-funded waiver program that provides community services to persons with developmental disabilities who are relocated from the State Centers for the Developmentally Disabled.

*Funding: GPR/State = Approximately 40% (state Medicaid funding)  
Federal = Approximately 60% (federal Medicaid funding)*

#### **COMMUNITY INTEGRATION PROGRAM IB REGULAR (CIP IB):**

A Medicaid-funded waiver program which provides community services to persons with developmental disabilities who are relocated or diverted from nursing homes and Intermediate Care Facilities – Mental Retardation (ICFs-MR) other than the State Centers for the Developmentally Disabled.

*Funding: GPR/State = Approximately 40% (state Medicaid funding)  
Federal = Approximately 60% (federal Medicaid funding)*

#### **COMMUNITY INTEGRATION PROGRAM IB (CIP IB)/LOCAL MATCH:**

A Medicaid-funded waiver program which provides community services to persons with developmental disabilities who are relocated or diverted from nursing homes and ICFs-MR other than the State Centers for the Developmentally Disabled.

*Funding: GPR/State = Approximately 40% (Community Aids, county match, or COP funds)  
Federal = Approximately 60% (federal Medicaid funding)*

#### **CHILDREN'S LONG TERM SUPPORT WAIVERS (CLTS-WAIVER):**

A Medicaid-funded waiver program that serves children and persons under the age of 22 who have a developmental disability, physical disability and those who have a severe emotional disturbance. CLTS waivers provide funds that enable individuals to be supported in the community.

*Funding: GPR/State = Approximately 40% (state Medicaid, Community Aids, county match, or COP funds)  
Federal = Approximately 60% (federal Medicaid funding)*

#### **BRAIN INJURY WAIVER:**

A Medicaid-funded waiver that serves a limited number of people with brain injuries who need significant supports in the community. The person must be receiving or is eligible to receive post-acute rehabilitation services in a nursing home or hospital certified by Wisconsin Medicaid as a special unit for brain injury rehabilitation. This program began January 1, 1995.

*Funding: GPR/State = Approximately 40% (state Medicaid funding)  
Federal = Approximately 60% (federal Medicaid funding)*

## Appendix C

### QUALITY ASSURANCE AND IMPROVEMENT OUTCOMES

Wisconsin has implemented a plan to demonstrate and document quality assurance efforts, which will ensure the health, safety and welfare of community waiver program participants. The quality assurance and improvement program combines a number of activities to assess and monitor program integrity, customer safety, customer satisfaction and program quality. The information obtained is provided as feedback to local and state agencies to promote quality improvement.

#### PROGRAM INTEGRITY

On-site monitoring reviews were conducted for a random selection of 320 cases in 2008. The reviews went well beyond the traditional federal requirements, which only identify payment errors, in an effort to gain in-depth information on program operation and policy interpretation. Where errors were identified, corrective action plans were implemented. For all criteria monitored, percent compliance with the waiver requirements was verified. A summary of the monitoring categories and findings are as follows:

##### Category: FINANCIAL ELIGIBILITY

###### Monitoring Components:

- ✓ *Medicaid financial eligibility as approved in state plan*
- ✓ *Cost share*
- ✓ *Spend down*

**Findings:** 80 percent of the factors monitored indicated no deficiency. Errors were detected in more complex areas of calculation, such as cost share and spend down. These areas have been emphasized in training and technical assistance activities. A disallowance occurred if the cost share was included in the expenses billed to the waiver.

##### Category: NON-FINANCIAL ELIGIBILITY

###### Monitoring Components:

- ✓ *Health form*
- ✓ *Functional screen*

**Findings:** 65 percent overall compliance with eligibility was measured. No instances of incorrect eligibility determination were identified under this category, although some cases failed to contain sufficient documentation.

##### Category: SERVICE PLAN

###### Monitoring Components:

- ✓ *Individual Service Plan (ISP) developed and reviewed with participant*
- ✓ *Services waiver allowable*
- ✓ *Services appropriately billed*

**Findings:** 91 percent of factors were in compliance. In a small percentage of the cases, incorrectly identified services or the omission of identified services within the ISP was noted. Only the inclusion of non-allowable costs resulted in negative findings and a disallowance of state/federal funding.

##### Category: SERVICE STANDARDS AND REQUIREMENTS

###### Monitoring Components:

- ✓ *Waiver-billed services met necessary standards and identified needs*
- ✓ *Care providers appropriately trained and certified*

**Findings:** 72 percent of factors were documented as error free. Documentation deficits accounted for many of the negative findings under this category. Disallowances were taken if standards had not been met.

**Category: BILLING**

**Monitoring Components:**

- ✓ *Services accurately billed*
- ✓ *Only waiver allowable providers billed*
- ✓ *Residence in waiver allowable settings during billing period*

**Findings:** 84 percent compliance was found in these categories. Disallowances were taken.

**Category: SUBSTITUTE CARE**

**Monitoring Components:**

- ✓ *Contracting requirements have been met*
- ✓ *Only waiver allowable costs calculated and billed*

**Findings:** 79 percent overall compliance was found. Documentation or errors due to room and board versus care and supervision were evidenced in a few cases. Residential care has proven to be a challenging area for services providers and is being addressed with technical assistance and training. Disallowances were taken.

**CORRECTIVE ACTION**

In addition to a wrap-up meeting following a monitoring visit, a written report of each monitoring review was provided to the director of the local agency responsible for implementation of the waiver. The report provides the agency with a list of health or safety issues, indicating where action is needed at the local level. The reports also cited errors or deficiencies and required that the deficiency be corrected within a specified period of time, between 1 and 60 days. Follow-up visits were conducted to ensure compliance when written documentation was insufficient to provide assurance. Results from the consumer outcomes and satisfaction surveys are written in the report to present an overview of the county system and identify trends in service areas.

Where a deficiency correlated with ineligibility, agencies were instructed to correct their reimbursement requests. In addition, agencies were required to develop a plan to modify their practices. Disallowances were taken where retroactive corrections could not be implemented. The total disallowance within those 17 counties was \$46,591.

Funding was disallowed in areas that included billing of non-waiver allowable services, lack of documentation for billed services, insufficient documentation or non-waiver allowable room and board costs, billing during a period of participant ineligibility for waiver services (temporary institutionalization), and inaccurate collection of cost share.

**PROGRAM QUALITY**

During 2008, 227 randomly selected participants responded to 22 questions during in-person interviews regarding satisfaction with waiver services. Both direct responses and reviewer assessments of those responses were recorded.

The factors studied regarding care management services were:

- ☐ Responsiveness to consumer preferences
- ☐ Quality of communication
- ☐ Level of understanding of consumer's situation
- ☐ Professional effectiveness
- ☐ Knowledge of resources
- ☐ Timeliness of response

The factors studied for in-home care were:

- ☐ Timeliness
- ☐ Dependability
- ☐ Responsiveness to consumer preferences

The factors studied for persons living in substitute care settings were:

- ☐ Responsiveness to consumer preferences
- ☐ Choices for daily activities
- ☐ Ability to talk with staff about concerns
- ☐ Comfort

Table 20 combines and summarizes the findings of the survey. Satisfaction in substitute (residential) care settings is somewhat lower than satisfaction with services in one's own home.

**Table 20**  
**Program Quality Results**

| SATISFACTION CATEGORY                                | PERCENTAGE OF POSITIVE RESPONSES |
|--|----------------------------------|
| Care manager is effective in securing services       | 96%                              |
| Good communication with care manager                 | 97%                              |
| Care manager is responsive                           | 96%                              |
| Active participation in care plan                    | 98%                              |
| Satisfaction with in-home workers                    | 98%                              |
| Substitute care services are acceptable              | 97%                              |
| Satisfaction with substitute care living arrangement | 89%                              |

Source: 2008 Quality Monitoring Reviews.

### **CONTINUOUS QUALITY IMPROVEMENT PROJECTS**

The information collected from various quality assurance efforts was incorporated into a variety of ongoing quality improvement projects. Examples of those activities are listed below:

- Quarterly completed review and corrections of valid Medicaid numbers.
- Utilized enhanced data collection and reporting formats to identify target areas for local monitoring, training and technical assistance.
- Produced and distributed case specific fiscal reports containing potential correctable reporting errors.
- Continued revisions to Medicaid Waivers Manual and made available to local agencies via the Department's website
- Revised COP Waiver Basics Manual and made available to local agencies via the Department's website
- Provided training and technical assistance on the Long Term Care Functional Screen
- Began revising outcomes measurement tool.
- Developing a data base of decisions made through the Hearings and Appeals process.
- Developing a link to the Division of Quality Assurances data on findings in alternate care facilities.

We gratefully acknowledge the efforts of County Community Options Program Lead Agencies to report COP and waiver activities and expenditures completely and accurately, since this information is the foundation for the data compiled in this report. Questions may be directed to:

Irene Anderson  
Bureau of Long Term Support  
Division of Long Term Care  
Wisconsin Department of Health Services  
P.O. Box 7851  
Madison, WI 53707-7851  
Phone: (608) 266-3884  
Fax: (608) 267-2913  
E-mail: [irene.anderson@wisconsin.gov](mailto:irene.anderson@wisconsin.gov)